



# DRIVER'S DAILY LOG

(ONE CALENDAR DAY - 24 HOURS)

## RECAP

(MONTH) (DAY) (YEAR)

VEHICLE NUMBERS - (SHOW EACH UNIT)

I certify these entries are true and correct:

(TOTAL MILES DRIVING TODAY)

(DRIVER'S SIGNATURE IN FULL)

(NAME OF CARRIER OR CARRIERS)

(NAME OF CO-DRIVER)

(MAIN OFFICE ADDRESS)

(HOME TERMINAL ADDRESS)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: OFF DUTY																									
2: SLEEPER BERTH																									
3: DRIVING																									
4: ON DUTY (NOT DRIVING)																									
REMARKS																									

DAY NO.

DRIVING HRS. TODAY  
TOTAL LINE 3

DRIVING VIOLATION TODAY

ON DUTY HRS. TODAY  
TOTAL LINES 3 & 4

**70 HR/8 DAY DRIVERS**

A. TOTAL HRS. ON DUTY LAST 7 DAYS, INCL. TODAY

B. TOTAL HRS. AVAILABLE TOMORROW 70 HRS. MINUS A

C. TOTAL HRS. ON DUTY LAST 8 DAYS, INCL. TODAY

**60 HR/7 DAY DRIVERS**

A. TOTAL HRS. ON DUTY LAST 6 DAYS, INCL. TODAY

B. TOTAL HRS. AVAILABLE TOMORROW 60 HRS. MINUS A

C. TOTAL HRS. ON DUTY LAST 7 DAYS, INCL. TODAY

### SHIPPING DOCUMENTS:

B/L or Manifest No. or Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	HOURS
5: OFF DUTY WELL SITE																									

This line to be used only by drivers who qualify for special recording of "waiting time" at gas and oil well sites. (49 CFR 395.1(d)(2))

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## DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: \_\_\_\_\_

CARRIER'S ADDRESS: \_\_\_\_\_

TRACTOR/TRUCK NO.: \_\_\_\_\_ TRAILER(S) NO.(S): \_\_\_\_\_

TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRAILER(S)	DRIVER'S REPORT	MECHANIC'S REPORT
Brake Lines to Trailer.....			Frame & Assembly.....			Transmission.....			Brakes.....		
Electric Lines to Trailer.....			Head Lights.....			Rear Vision Mirror.....			Brake Connections.....		
Drive Line.....			Tail Lights.....			Steering.....			Coupling Devices.....		
Coupling Devices.....			Stop & Turn Lights.....			Service Brakes.....			Coupling (King) Pin.....		
Tires, Wheels, Rims.....			Clearance & Marker Lights..			Speedometer.....			Doors.....		
Suspension System.....			Reflectors.....			Other Items.....			Hitch.....		
Body.....			Air Pressure Warning Device			<b>EMERGENCY EQUIPMENT</b>			Landing Gear.....		
Glass.....			Oil Pressure.....			Reflective Triangles.....			Lights - All.....		
Fuel System.....			Ammeter.....			Fire Extinguisher.....			Roof.....		
Cooling System.....			Horn.....			Flags, Fusees, Reflectors....			Suspension System.....		
Engine.....			Windshield Wipers.....			Spare Bulbs, Fuses.....			Tarpaulin.....		
Leaks.....			Parking Brakes.....			Tire Chains.....			Tires.....		
Exhaust.....			Clutch.....						Wheels - Rims.....		
									Other Items.....		

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS  
DRIVER \_\_\_\_\_ DATE \_\_\_\_\_  
DRIVER USE  IF SATISFACTORY USE X IF NOT SATISFACTORY  
MECHANIC USE  WHEN CORRECTED AND YOUR INITIALS

ODOMETER END OF DAY _____	<input type="checkbox"/> ABOVE DEFECTS CORRECTED <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE	DRIVER'S SIGNATURE: _____
ODOMETER START OF DAY _____		
TOTAL MILES DRIVEN TODAY _____		
NEXT LUBRICATION DUE AT _____		
MILEAGE _____	MECHANIC'S SIGNATURE: _____	DATE: _____